

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-003688	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
AMENDED										1260	
Registration District No. 318										1003	
Primary Registration District No.										Registrator's No.	
FILED FEB 7 1962											
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY										a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)										c. CITY OR TOWN	
OR TOWN St. Louis										St. Louis	
Length of stay in 1b										Inside Limits	
9 yrs										Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)										d. STREET ADDRESS	
HOSPITAL OR INSTITUTION Homer G. Phillips										(If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										3719 Cote Brilliamte	
Reside on Farm										Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED										4. DATE OF DEATH	
First Middle Last										Month Day Year	
Robert Dryden										1 25 62	
5. SEX										6. COLOR OR RACE	
Male										Negro	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/>										8. DATE OF BIRTH	
Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>										5-14-1923	
9. AGE (last birthday)										38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										11. BIRTHPLACE (City and state or country)	
Painter										Indianapolis, Ind.	
10b. KIND OF BUSINESS OR INDUSTRY										12. CITIZEN OF WHAT COUNTRY	
										U. S. A.	
13a. FATHER'S NAME										13b. MOTHER'S MAIDEN NAME	
Hunter Dryden										Hazel Jordan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)										16. SOCIAL SECURITY NO.	
Yes W.W.#11											
17. INFORMANT										Address	
Francis Dryden										2730 Boulevard Indianapolis, Ind.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Uremia										Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) Chronic Kidney Disease											
DUE TO (c) Diabetes Mellitus										260x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days.	
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION										COUNTY STATE	
21. I attended the deceased from 1-18-62 to 1-25-62 and last saw him alive on 1-25-62											
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)										22b. ADDRESS	
										2601 N. Whittier Street	
22c. DATE SIGNED										1-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE	
Removal										1-31-1962	
23c. NAME OF CEMETERY OR CREMATORY										23d. LOCATION (City, town, or county) (State)	
National Cemetery										Jefferson Barracks Mo.	
24. FUNERAL DIRECTOR										25. DATE RECD. BY LOCAL REG.	
JAS. H. RANDLE & SON 3133 Bell Ave.										JAN 29 1962	
26. REGISTRAR'S SIGNATURE										27. REGISTRAR'S SIGNATURE	
										Carl Smith, M.D.	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Esther H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Wash.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.